

**ESTATE PLANNING INTAKE FORM FOR
LAW OFFICES OF PETER W. BULLARD, P.C. © 2016
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**SINGLE CLIENT
(Please use reverse side or additional pages if needed)**

Date Form Completed: _____

1. PERSONAL DATA

Full Name: _____

Customary signature on legal documents: _____

Home Address: _____ Phone: _____

_____ E-mail: _____

Business Address: _____ Phone: _____

_____ E-mail: _____

Occupation and Employer: _____

Brief Summary of Education: _____

Brief Summary of Work History: _____

Prefer to be **called** at: ___ Home ___ Office Prefer **correspondence** sent to: ___ Home ___ Office

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Married: ___ Yes ___ No

If Married, Where: _____ and When _____

Have you signed a marital agreement? ___ Yes ___ No

Health status: _____

Insurable? ___ Yes ___ No

Indicate whether: _____ previously married?

If married previously, state name of former spouse _____ and whether:

_____ prior marriage ended in divorce and if so, date: _____

If so, is there a divorce order or agreement that affects you now? _____ Yes _____ No?

_____ prior marriage ended with death of spouse and if so, date: _____

If you have children, complete the following for each child:

Full Name	Date Of Birth	Address, if not living at home
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe the marital status, educational level and employment of your children: _____

If you have grandchildren, complete the following for each grandchild:

Full Name & Parent	Date Of Birth	Address, if not living with Parent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly describe the marital status, educational level and employment of your grandchildren of a prior marriage: _____

Client's Parents' names and addresses:

Client's brothers' and sisters' names and addresses:

Are you and children citizens of the U.S.A.?

Yes No If not explain: _____

Does any child have any physical, mental, or emotional disability?

Yes No If so, please describe: _____

Do you have a will now? _____. If so, where is the original located? _____
_____. When was it signed? _____.

What state were you living in at the time? _____. (Please bring a copy of your will with you when we meet, or the original if you have it.)

Please describe in your own words your goals for your estate planning. For example, what your planning should accomplish for yourself, children, other heirs, and charities.

To whom do you want your property to go at your death:

If children survive:

If children don't survive but grandchildren survive:

If no children or grandchildren survive:

Other Wishes:

Whom do you want to be your Personal Representative: (Names and addresses) (This is the person or institution that makes sure your will is complied with; if you wish, you can name a bank with a trust department as Personal Representative):

1st choice: _____
2nd choice: _____
3rd choice: _____

Whom do you want to be the Guardian?: (Names and addresses) (This is the person who acts as substitute parents for your children under 18 years old.):

1st choice: _____
2nd choice: _____
3rd choice: _____

Whom do you want to be your Trustee? (Names and addresses) (If your will includes a trust, the Trustee is the person or institution that takes care of and distributes the assets of the trust for your beneficiaries, e.g. your children; if you wish, you can name a bank with a trust department or a trust company as Trustee.):

1st choice: _____
2nd choice: _____
3rd choice: _____

Names of your banks (you may want to name a bank as Personal Representative or Trustee; if so, it must be a bank with a trust department; you do not have to have an account with such a bank to do so): _____

Deadlines, if any, for signing the will or other documents: _____

The best day and time of the week for you to come in to sign your will: _____

Are you presently a guardian, personal representative, executor, trustee, holder of a power of attorney, or a fiduciary of any other description? _____. If so, please describe briefly the nature of the position(s) you hold: _____

Do you have any specific question about or any other item you would like in your will:

You should have durable powers of attorney in place, one for financial matters and the other for medical and personal care issues, in case you become incapacitated. If we create these documents:

Whom do you want to be your agent for your financial affairs? (Names and addresses):

1st choice: _____
2nd choice: _____
3rd choice: _____

Whom do you want to be your agent for your medical and personal care issues? (Names and addresses):

1st choice: _____
2nd choice: _____
3rd choice: _____

Colorado allows you to have a form separate from your will to declare in writing how your remains are to be disposed of, what ceremonies will take place after your death, and who is to be in charge of both. This is called a "declaration instrument". Whom do you want to be your designee to make these decisions? (Names and addresses)

1st choice: _____
2nd choice: _____
3rd choice: _____

How did you happen to contact this firm? _____

If yellow pages, which phone book: Fort Collins: _____ Loveland: _____ Other (describe): _____

Which ad or section in the yellow pages: Wills ad: _____ Other (describe): _____

If you were referred by someone, by whom: _____

Other source: _____

Do we have your permission to thank the person who referred you to us? YES _____ NO _____

Signature of Client

Client

PLEASE COMPLETE THE ATTACHED FINANCIAL INFORMATION

GENERAL FINANCIAL DATA

DESCRIPTION OF YOUR INCOME AND ASSETS

Income (Annual)

(Round To nearest \$100)

Salary, Commission & Bonus	\$ _____
Dividends and Interest	\$ _____
Net Real Estate Income	\$ _____
Partnership Income	\$ _____
Other Income	\$ _____
 Total	 \$ _____

Current Value of Assets

(Round To Nearest \$1,000)

Liquid Assets

Accounts – Checking	\$ _____
- Savings	\$ _____
Money Market	\$ _____
Certificates of Deposit	\$ _____
Investments	\$ _____
- U.S. Gov't Securities	\$ _____
- Municipal Bonds	\$ _____
- Marketable Stocks	\$ _____
- Marketable Bonds	\$ _____
- Annuities	\$ _____
- Mutual Funds	\$ _____
- Other	\$ _____
Retirement Assets	\$ _____
- IRA's	\$ _____
- 401K	\$ _____
- Pension	\$ _____
- Profit-Sharing	\$ _____
- Other	\$ _____
Leases	\$ _____
Mortgages	\$ _____
Notes and Accounts Receivable	\$ _____
Other Liquid Assets	\$ _____
Total Liquid Assets	\$ _____

Non-Liquid Assets

Residence	\$ _____
Vacation Homes	\$ _____
Automobiles	\$ _____
Other Tangible Personal Property	\$ _____
Investment Real Estate	\$ _____
Business Interest (Describe P. 8)	\$ _____
Other Non-Liquid Assets	\$ _____
Total Non-Liquid Assets	\$ _____

Life Insurance

Whole-Life or Universal Life Policies

Cash Value	Insured	Company	Policy #	Owner	Beneficiary	Amount	Loans
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Insurance Benefits Payable at Death \$ _____

Term Policies

Insured	Company	Policy #	Owner	Beneficiary	Amount	Loans
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Insurance Benefits Payable at Death \$ _____

Closely-held Business Interests

For each such interest, complete:

Type of interest:

_____ Sole owner _____ Partnership _____ Limited Liability Company
 _____ Corporation _____ Other

Description of product or service: _____

Percentage of ownership: _____

Fair market value: _____

Is there a buy/sell or other shareholders agreement? ____ Yes ____ No

If yes, is the agreement funded (e.g. with insurance)? ____ Yes ____ No

Total Business Interests \$ _____

Summary of Assets

Total Liquid Assets	\$ _____
Total Non-Liquid Assets	\$ _____
Total Insurance (Death Benefits)	\$ _____
Total Business Assets	\$ _____
Grand Total All Assets	\$ _____

Liabilities

Current Accounts	\$ _____
Notes Payable to Banks	\$ _____
Notes Payable to Others	\$ _____
Mortgage on Residence	\$ _____
Debts of Others You Guaranteed	\$ _____
Other Debts	\$ _____
Grand Total All Liabilities	\$ _____

Net Estate

Total Assets	\$ _____
Total Debts	\$ _____
Net Estate	\$ _____

List addresses where all real estate is located:

List the beneficiaries of your pension and other benefit plans, annuities, IRA's and any other asset where a beneficiary is named:

Annuities _____

IRA's _____

401K's _____

Pension _____

Profit-Sharing _____

Other _____

Do you have long-term care insurance? If so, please describe it:

Long-Term Care Policies

Insured	Company	Policy #	Premiums	Terms
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any other assets not listed? If so, please describe them:

Do you expect to receive an inheritance or other gift? If so, please describe:
